

Bisecting Angle Technique



Bisecting Angle Technique

ADVANTAGES

(compared to Paralleling technique)

1. More comfortable
2. No anatomical restrictions
3. Film holder not essential

Bisecting Angle Technique

DISADVANTAGES

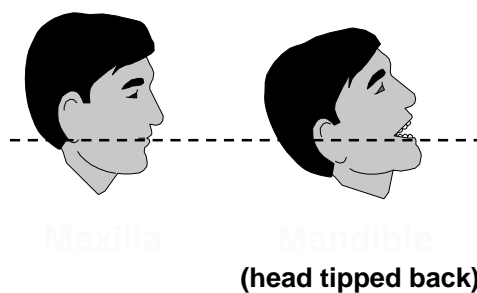
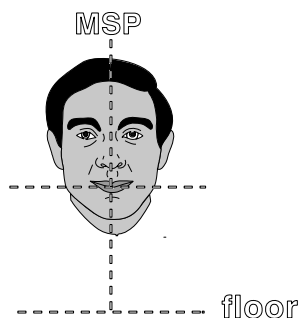
(compared to Bisecting Angle technique)

1. Images distorted
2. Harder to position beam
3. Film less stable

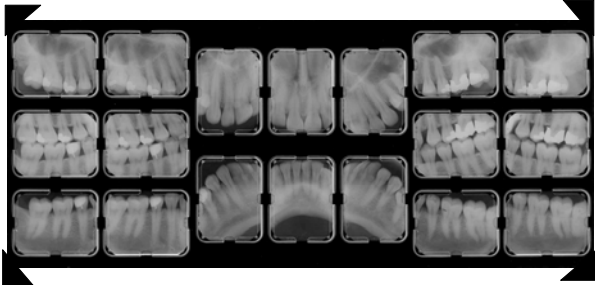
Anatomical Variations

- Shallow palate/palatal torus
- Shallow/tender floor of mouth
- Short lingual frenum
- Impacted third molars

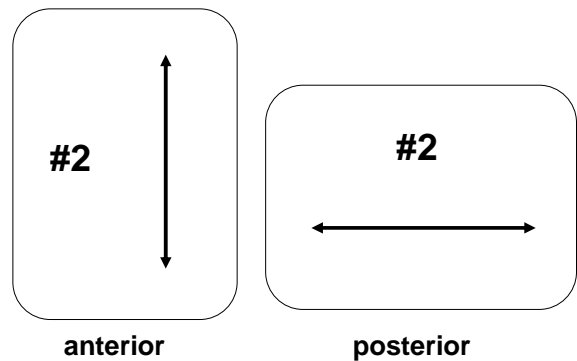
Bisecting Angle Technique Head Position



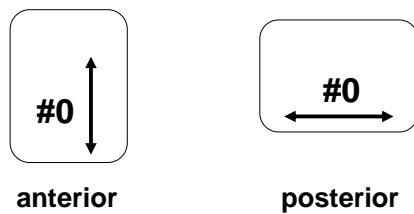
**Full-mouth series, Bisecting Angle Technique
(all # 2 films for adults)**



Adults

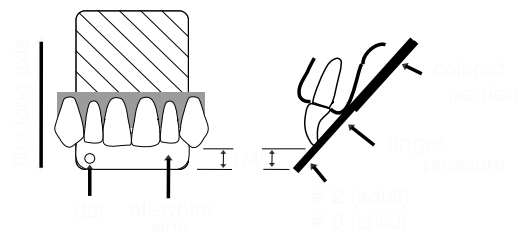


Children

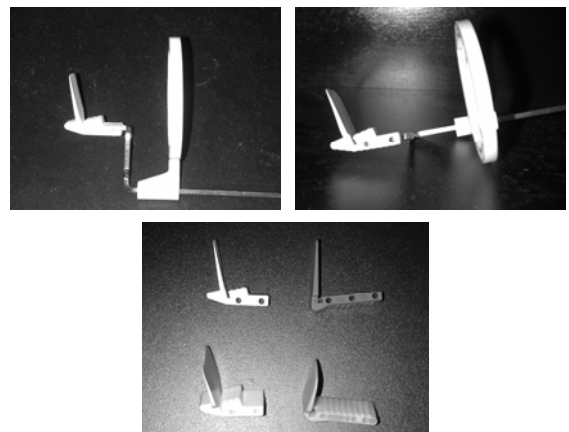
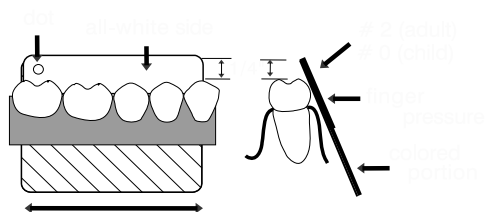


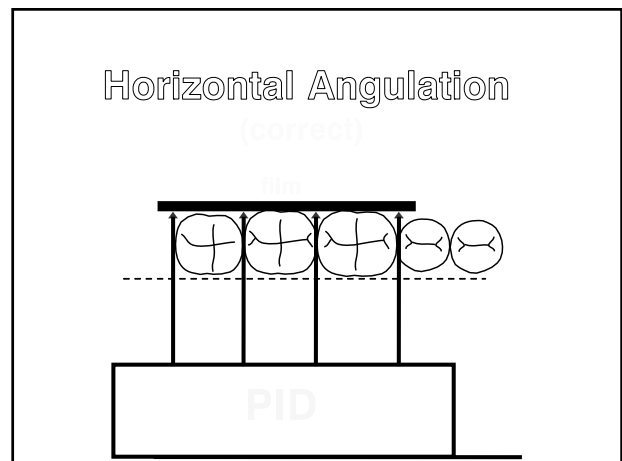
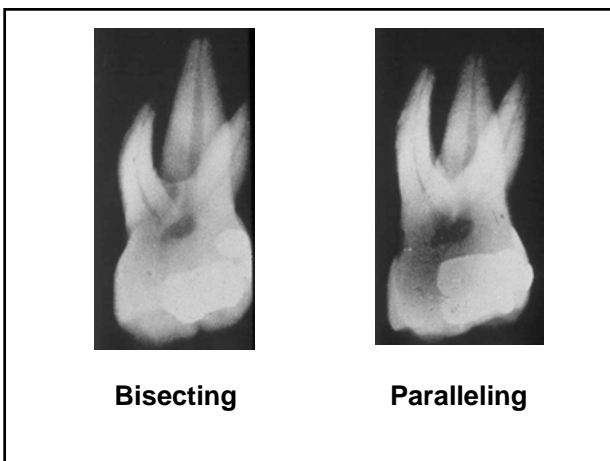
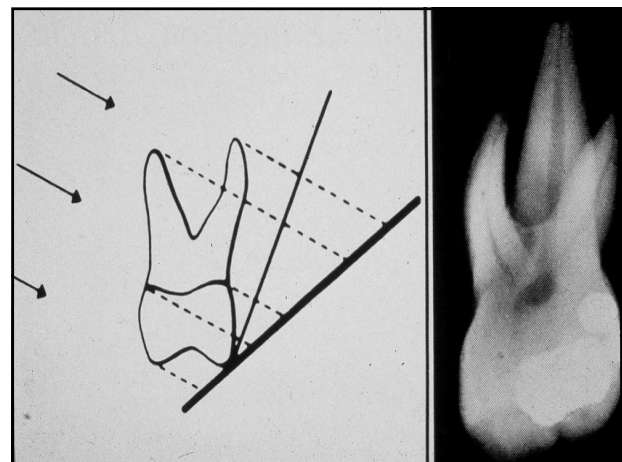
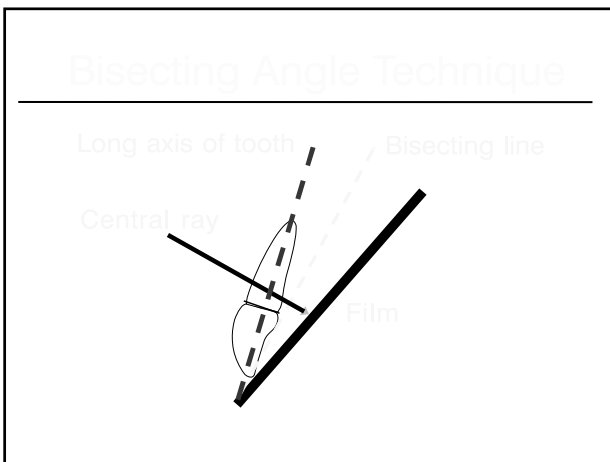
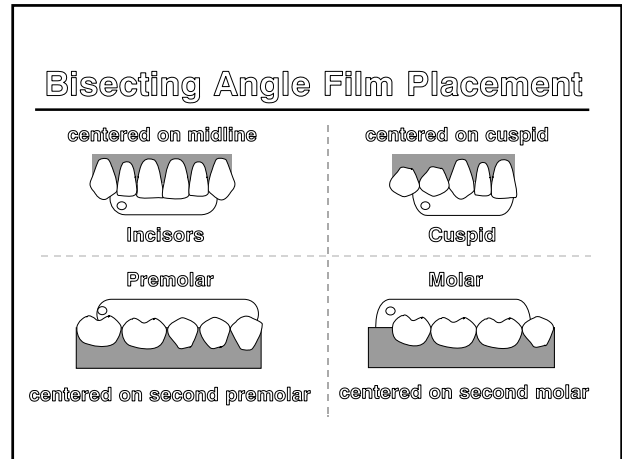
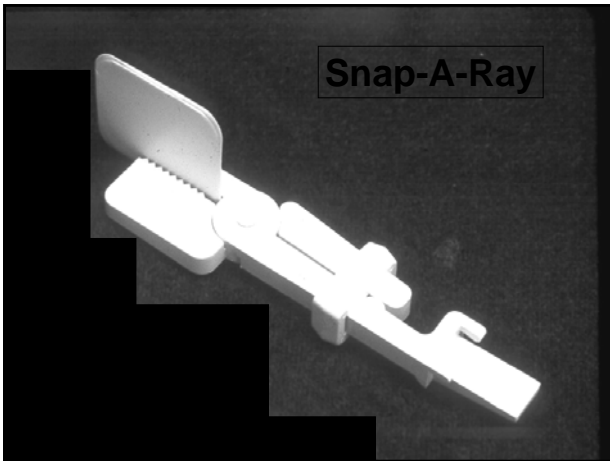
If the child's mouth is large enough, and the child is cooperative, use a #2 size film instead of the #0.

**Bisecting-Angle Technique
(Anterior)**



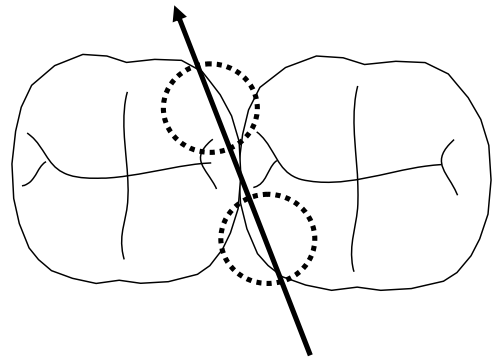
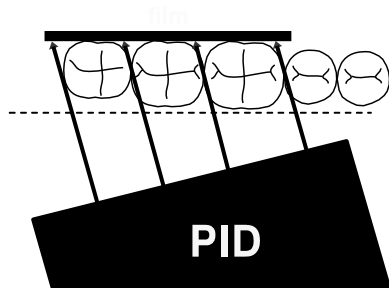
**Bisecting-Angle Technique
(Posterior)**





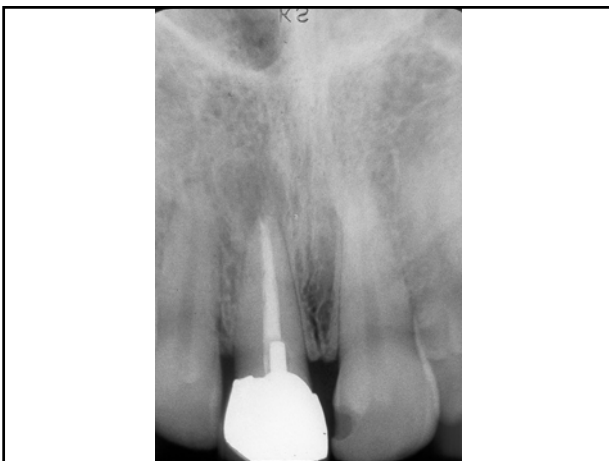
Horizontal Angulation

(incorrect = overlap)



Overlap (incorrect horizontal)

Maxillary Incisor

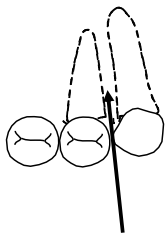


Maxillary canine

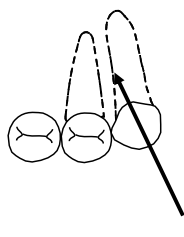




Canine horizontal angulation



correct

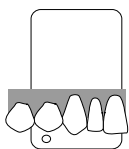


incorrect

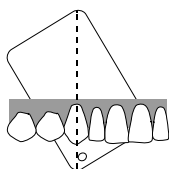


More likely to see overlap (above) when using the BA instrument, assuming you use proper horizontal angulation when using finger retention of film.

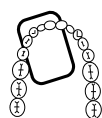
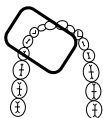
Maxillary Canine



ideal placement



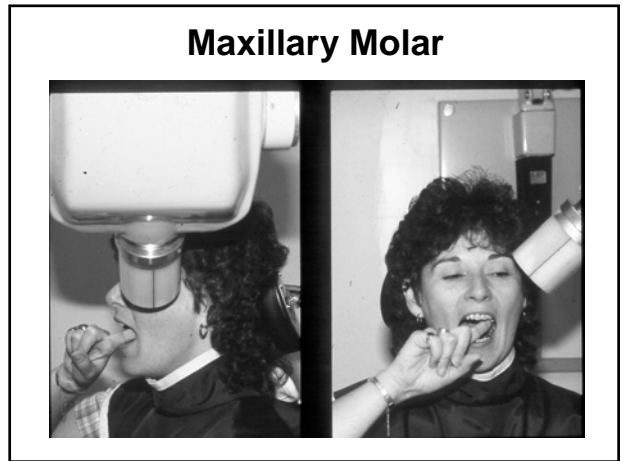
diagonal placement
(narrow arch)



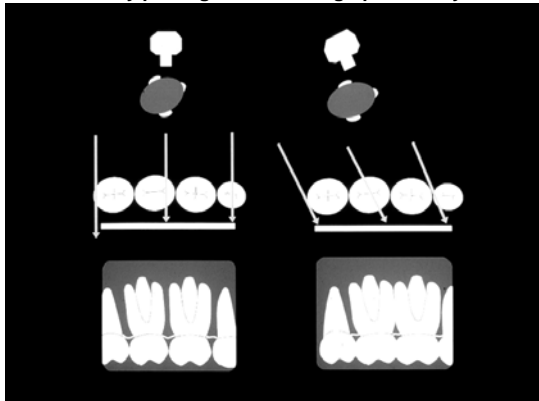
Maxillary Premolar



Maxillary Molar



Imaging the third molar region when having difficulty placing film far enough posteriorly.

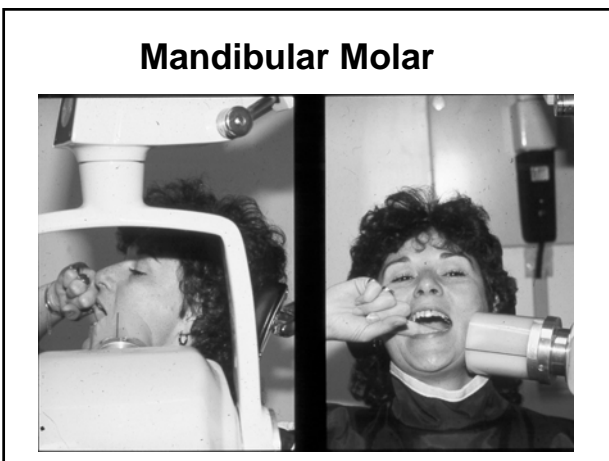


Mandibular Incisors



Mandibular Canine

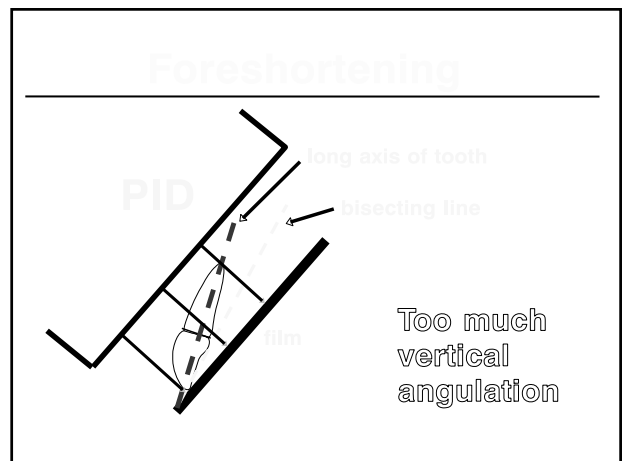
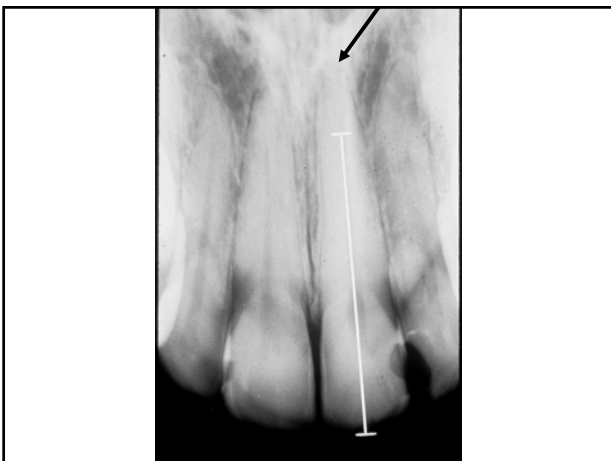
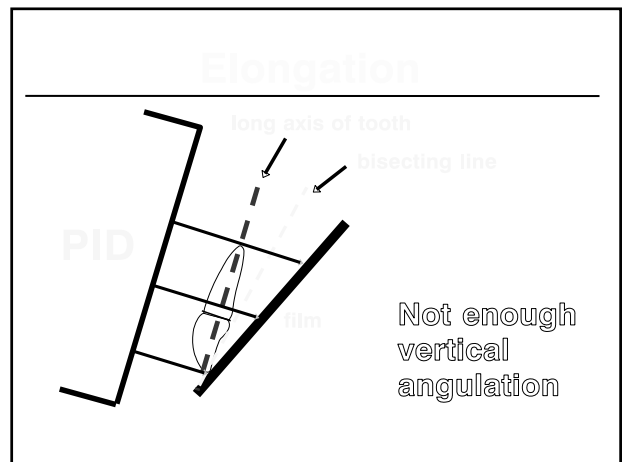


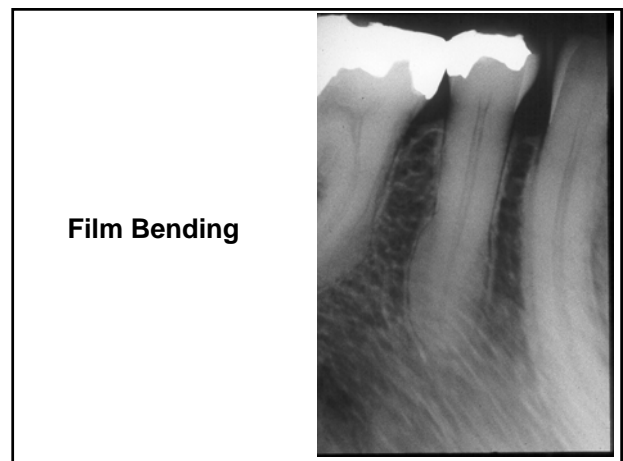
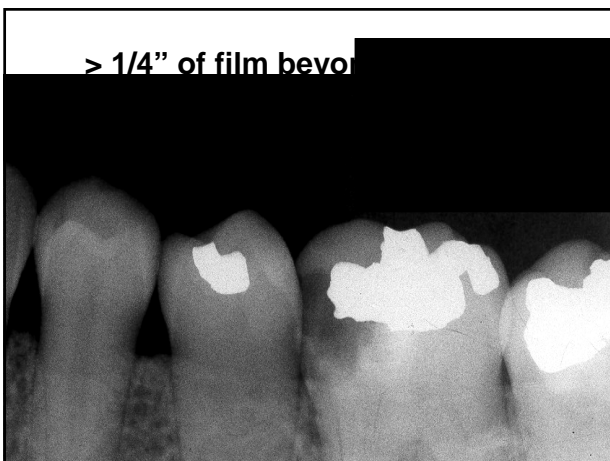
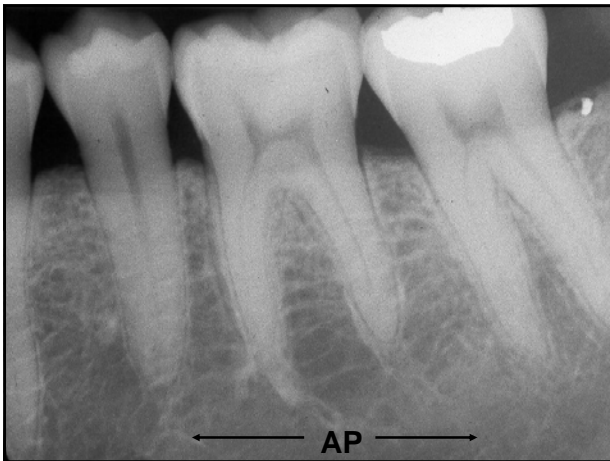
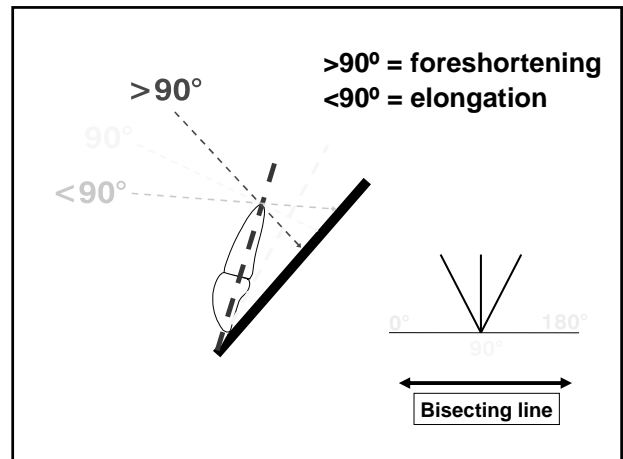
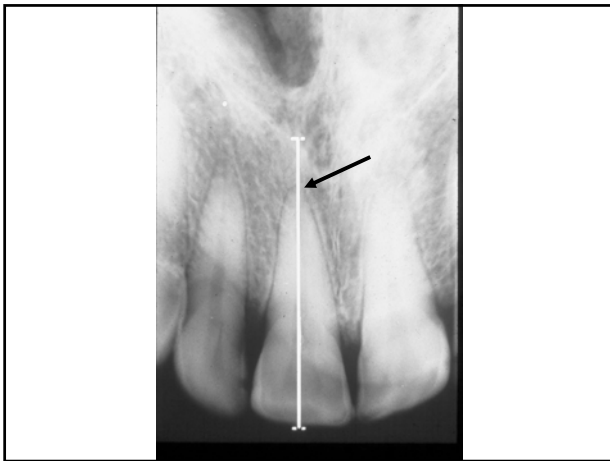


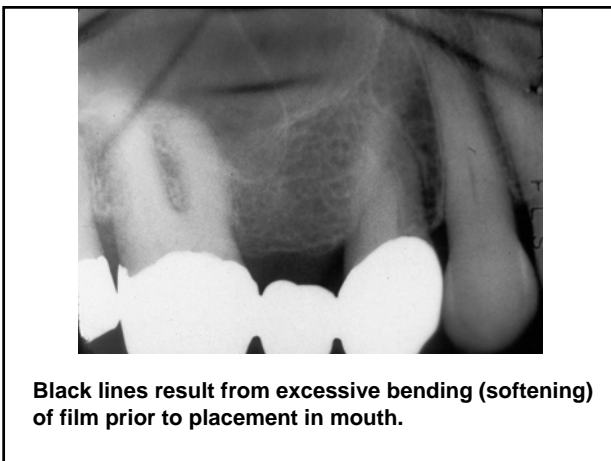
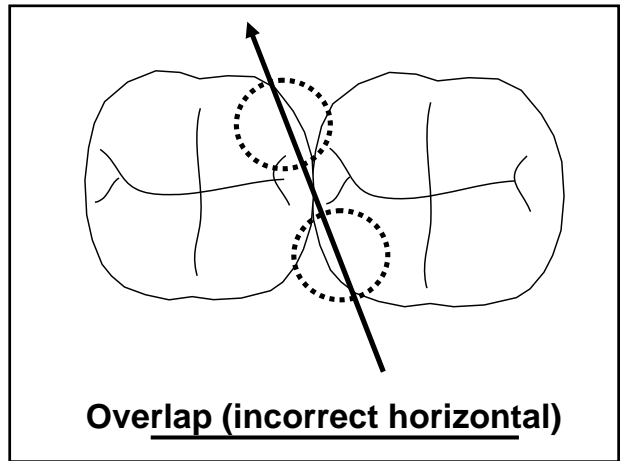
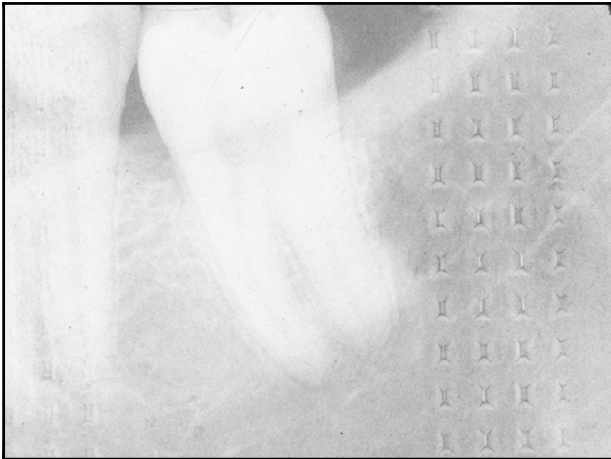


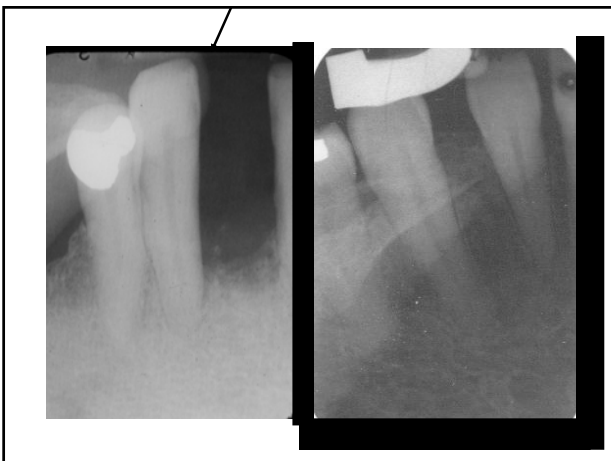
Bisecting Angle Technique

ERRORS









Occlusal Film

Identify large lesions
 Bucco-lingual location
 Developing anterior dentition
 Imaging patients with trismus

Occlusal Technique

Head Position

Maxilla: Parallel to floor

Mandible: Perpendicular to floor

Film Position

Centered on area of interest

All-white side facing x-ray tube

Patient bites gently on film

Occlusal Technique

X-ray Beam Position

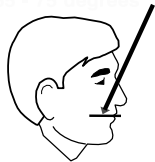
Centered on area of interest

Vertical Angulation

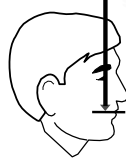
Maxilla 65-75 degrees (Normal)
90 degrees (True)

Mandible 90 degrees

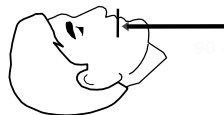
65 - 75 degrees 90 degrees



"Normal" maxillary



"True" maxillary



Mandibular

Occlusal Technique

Exposure Settings

Normal maxillary = PA/BW

Mandibular = PA/BW

True maxillary = 4X PA/BW

Normal Maxillary Occlusal





Mandibular Occlusal

